10/77090/

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10770901

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE OF			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			37					RATE	FEE]	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	37 minus 20=		• / 4			XS 9=	153	OR	X\$18=	
	EPENDENT C		nus 3 =				X43=	43.	OR	X86=		
MULTIPLE DEPENDENT CLAIM PRESENT]	÷145=		OR	÷290=	
• If	* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	581	OR	TOTAL	
	CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3))	SMALL 8	ENTITY	OR	OTHER SMALL I	
AMENDMENT A	·	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.37	Minus	-3	<u>/-</u>	= (1)	11	XS 9=		OR	X\$18=	
AME	Independent	NTATION OF MU	Minus	SENIDENT	POLATIN	= (. [X43=		OR	X86=	
	FIRST PRESE	INTATION OF IM	JETIPLE DE	FINDEINI	CDAIN		ا ا	+145=		OR	+290=	B
								TOTAL ADDIT, FEE	0	OR	TOTAL ADDIT. FEE	Ö
		(Column 1)		(Colun		(Column 3)	. _	-				
ENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	*				X\$ 9=		OR	X\$18=	,
AME	Independent	NTATION OF ML	Minus		CI AINA	=	┨╏	X43=		OR	X86=	
	FIRST PRESE	NIATION OF INC	LIPLE DEF	ENDENT	CDAIN		J [+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)	, _			_		
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	IER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	• .	Minus	**		= .] [X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	•	3]	X43=		ای	X86=	
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR		
. 11	the ester is return	an 1 ie laes thas 4	n anto, in anto-		•O• in act		L	+145=		OR	+290=	
• If the entry in column 1 is less than the entry in column 2, write "0" in column 3. • If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." • TOTAL ADDIT. FEE OR • TOTAL ADDIT. FEE										OR ,	TOTAL ADDIT, FEE	
		ber Previously Paid					er four	id in the appi	opriate box	in coh	umn 1.	